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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

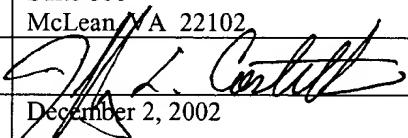
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/436,984
		Filing Date	November 9, 1999
		First Named Inventor	Shunpei YAMAZAKI et al.
		Group Art Unit	2823
		Examiner Name	William D. Coleman
Total Number of Pages in This Submission		Attorney Docket Number	740756-2063

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

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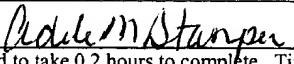
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey L. Costellia – Reg. No. 35,483 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	December 2, 2002

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DEC 06 2002

FEES TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$290.00)
Complete if Known

Application Number	09/436,984
Filing Date	11/09/1999
First Named Inventor	Shunpei YAMAZAKI et al.
Examiner Name	William D. Coleman
Art Unit	2823
Attorney Docket No.	740756-2063

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

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The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) during the pendency of this application

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	740	2001	370
1002	330	2002	165
1003	510	2003	255
1004	740	2004	370
1005*	160	2005	80

SUBTOTAL (1) (\$ 0)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
				0
Independent Claims	-3** =			0
Multiple Dependent		X		0

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	400	2252	200
1253	920	2253	460
1254	1,440	2254	720
1255	1,960	2255	980
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,280	2453	640
1501	1,280	2501	640
1502	460	2502	230
1503	620	2503	310
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	740	2809	370
1810	740	2810	370
1801	740	2801	370
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$290.00)**CERTIFICATE OF MAILING**

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Adele M. Stampfer

Name: Adele M. Stampfer

SUBMITTED BY*Complete (if applicable)*

Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent)	35,483	Telephone	703 770 9300
Signature	<i>Jeffrey L. Costellia</i>			Date	December 2, 2002